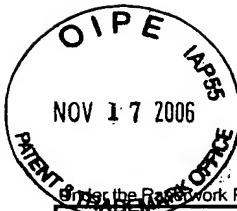


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PTO/SB/21 (07-06)

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## TRANSMITTAL FORM

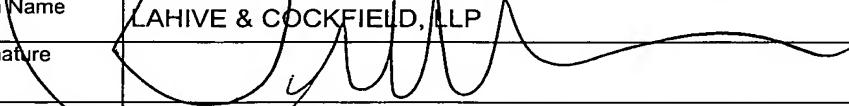
(to be used for all correspondence after initial filing)

		Application Number	10/722,689-Conf. #3913
		Filing Date	November 24, 2003
		First Named Inventor	Mario STEVENSON
		Art Unit	1648
		Examiner Name	J. S. Parkin
Total Number of Pages in This Submission		Attorney Docket Number	UMY-034

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO Form SB/08 (7 refs) Copies of 5 References Certificate of Mailing (1 page) Return Receipt Postcard
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<input type="checkbox"/> Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Debra J. Milasincic, Esq.		
Date	November 17, 2006	Reg. No.	46,931



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 60.00)

Complete if Known	
Application Number	10/722,689-Conf. #3913
Filing Date	November 24, 2003
First Named Inventor	Mario STEVENSON
Examiner Name	J. S. Parkin
Art Unit	1648
Attorney Docket No.	UMY-034

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of  Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 (including Reissues)	Fee (\$)	Small Entity
	50	25
Each independent claim over 3 (including Reissues)	Fee (\$)	Small Entity
	200	100
Multiple dependent claims	Fee (\$)	Small Entity
	360	180

Total Claims      Extra Claims      Fee (\$)      Fee Paid (\$)  
 64      -74 = 0      x      =

Multiple Dependent Claims  
 Fee (\$)      Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims      Extra Claims      Fee (\$)      Fee Paid (\$)  
 4      -5 = 0      x      =

Fee (\$)      Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets      Extra Sheets      Number of each additional 50 or fraction thereof      Fee (\$)      Fee Paid (\$)  
 - 100 =      /50      (round up to a whole number) x      =

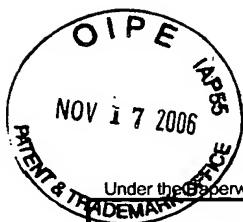
### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2251 Extension for response within first month

60.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		46,931	(617) 227-7400
Name (Print/Type)	Debra J. Milasincic, Esq.	Date	November 17, 2006



PTO/SB/92 (09-04)

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Application No. (if known): 10/722,689

Attorney Docket No.: UMY-034

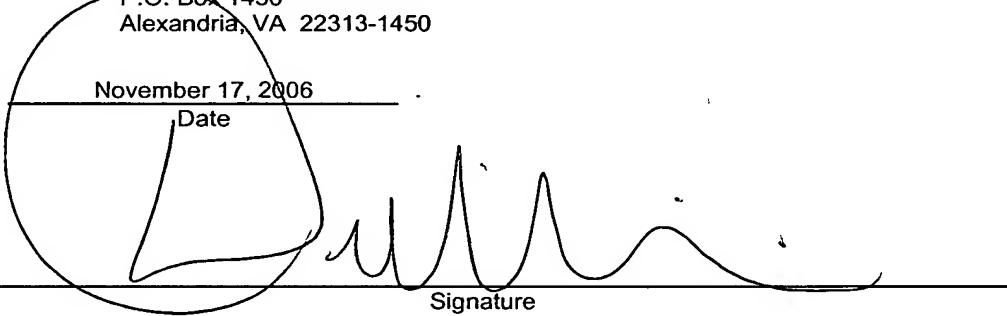
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